



# Transportation Call Centers and Information & Referral/Assistance

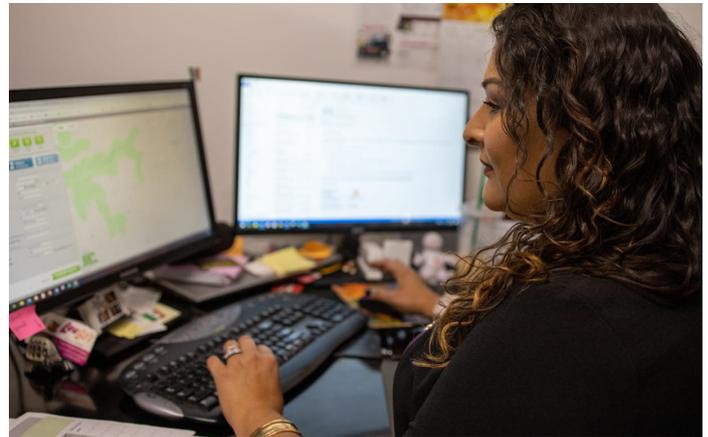
For those who run transportation programs, providing rides is only a portion of the work. Providers must also make their transportation easy for riders to access. For older adults and people with disabilities, not knowing how to get a ride can keep them at home, away from the medical appointments, healthy food stores, or chances to socialize that can help them live healthy and fulfilling lives. This transportation best practice highlights successful strategies call centers can use to increase ridership by simplifying the process and increasing trust.

Two NADTC grantees had special insight into the challenge of helping riders secure rides.

In applying for its grant to provide rides for patients to cancer treatment appointments, the **Cancer Justice Network (CJN)** in Cincinnati, OH, noted that the most likely challenge to its project would be from the task of understanding and coordinating the dense array of transit options already available in the community for cancer patients.

- A public meeting led by the Ohio-Kentucky-Indiana Regional Council of Governments (OKI) had found that “individuals in the target audience may put off routine, or non-emergency medical appointments due to not having a convenient way to travel, which can lead to their medical issues becoming more serious.”
- A survey of 500 University of Cincinnati Medical Center patients found that 68 percent missed appointments for lack of transportation. Patients who miss three appointments are banned from seeking further treatment.

The **Sanford Center for Aging at the University of Nevada**, Reno School of Medicine, found through its “Speak Up and Be Heard” community gathering that 17 percent of older adults and people with disabilities identified



Credit: NADTC

logistics, including being unfamiliar with transportation options, as barriers to engagement in activities outside the home.

## One Call, Many Jurisdictions

In Berkshire County in rural western Massachusetts, 32 municipalities shared borders but not rides. When transportation services are created, they are usually conceived as a benefit to their own county or township. Yet jurisdictional boundaries that govern such programs can prevent people from accessing essential services and lead to expensive rides, especially in a rural area like Berkshire where medical specialists and other services can be far from home. While regional transportation is increasingly valued, putting it in place requires overcoming fears about doing things differently.

The **Berkshire Regional Planning Commission (BRPC)** applied for an NADTC grant in 2017 to help improve transportation for its rural residents. A central call number served diverse jurisdictions that, for the first time, were coordinating transportation to medical appointments.

*This best practice is based on the experiences of grant programs funded by the National Aging and Disability Transportation Center (NADTC) from 2017 to 2019 to support innovative programs to increase the accessibility of community transportation services for people with disabilities and older adults.*

Riders could call a single number at a trusted organization to arrange their rides, gaining easy access to transportation as well as a human voice and continuity. Providing a single phone number for riders to call meant that riders did not have to navigate multiple agencies in search of a ride.

Nearby communities joined together and reviewed their transportation contracts to learn how they could partner. Six communities paired off to give rides. Elder Services of Berkshire County, Inc. (ESBI) was chosen to be the central scheduler, as it already had an 800 number that riders could call to schedule rides. In addition, ESBI had been a trusted source in the community for more than 40 years, which was important against this backdrop. ESBI arranged the rides with the Councils on Aging and other transportation providers that serve the six communities.

The central scheduler kept riders from having to actively search for rides, and it provided a personal touch—a human being always picked up the phone. Partnerships and rides to necessary appointments such as the doctor, as well as to places like the grocery store and hairdresser, continue in the six communities today.

## Coordination through Uber Health

At the **Indian Nations Council of Governments (INCOG) Area Agency on Aging** in Tulsa, OK, a dedicated call number bridged the technology gap for people who lived in a food desert and did not have, or did not feel comfortable using, smartphones. The central call number gave residents easy access to a ride to a full-service grocery store, where they could stock up on fresh, nutritious food. Through its C.A.N. (Creating Access to Nutrition) Ride Program, INCOG identified the opportunities and challenges in connecting older adults and people with disabilities to an on-demand ride service such as Uber.

INCOG set up rides to local grocery stores and markets through Uber Health service and a private, paratransit provider. An information and assistance specialist (I&A) at INCOG scheduled these rides, which eliminated the need for riders to have a smartphone, download the Uber app, or give Uber a credit card number, which many older adults are reluctant to do. Riders called INCOG when they were ready to go to the store. At partner stores, riders could go to the customer service counter and call the I&A specialist to arrange a return ride.

However, INCOG found that much hand-holding was needed to schedule the rides. Things can change quickly with this population—people might forget that a ride was scheduled, have an unexpected conflict or simply not feel well on the day of a planned trip to the store—so the I&A specialist would stay on the phone with the rider while the driver was en route. The I&A specialist provided the driver's car description and color, license plate number, and other relevant information to riders.

INCOG found that the Uber Health platform was highly user-friendly, yet challenges existed with some drivers. Occasionally drivers would cancel after they accepted a job, causing a delay until another driver picked up the request. Sometimes drivers would simply not arrive, or they would drive a vehicle that the passenger was not able to step into. One driver, whom INCOG blocked, was not nice to riders and refused to take them. The I&A specialist navigated this fluid and highly time-intensive situation.

The overall outcomes, however, were positive: the I&A specialist as the central contact paved the way for riders to set up trips to buy fresh, healthy food. During the grant period, Tulsa C.A.N. Ride provided 594 round trips to older adults, and 430 to people with disabilities. Eighty-four percent of participants used the service more than once, far exceeding the goal of 30 percent.

## Calling for Rides and Volunteer Assistance for People with Chronic Conditions

In Virginia's remote Appalachian Mountains, a call center cuts through a confusing system that had led many in the proud mining community of Big Stone Gap to give up on transportation, even when they need it. **Mountain Empire Older Citizens (MEOC)** provides rides to dialysis and cancer treatment appointments through MEOC Transit. Rides are available to people of all ages, and to people in wheelchairs or walkers, on a demand-response basis with 24-hour notice. Yet MEOC was seeing an increase in riders who did not have anyone to support them at home or on the rides, which could be up to 75 miles one way. Some people with disabilities and older adults were unable to navigate the complex transportation and health care system and were missing their appointments.

To streamline the process of seeking help and provide access to life-saving health care to people who were too

confused by the system to book rides, MEOC added its own dedicated care coordinator to an existing call center. The new one-call system focused on transportation for people who have chronic health conditions.

The call center greatly simplified the system for patients—all they had to do was call one number. When people with chronic conditions called the central phone number, the care coordinator would not only arrange a ride but also ask about other needs the rider might have. For instance, did they have food and medicine at home? Did they need help paying the power bill? The MEOC Care Coordinator, who was trained in transportation, and an existing mobility manager worked to meet the caller's full range of needs and assign a local volunteer when there was a question about whether the rider could travel independently. The volunteer would ride with the patient to the medical appointment on MEOC Transit, then support the rider with food, prescription refills and other necessities over the next few days.

The ease of use of the call center, and the personal touch that volunteers brought, encouraged more people to go to their medical appointments and likely had a positive impact on their health. The Care Coordinator gave MEOC the capacity to increase the number of one-way trips it provided by 20 percent over the prior year.

## A Call to the City, a Ride to Cancer Care

The **Cancer Justice Network (CJN)** serves people who historically have not had access to health care and have a strong distrust of authority figures. CJN's population also experienced challenges in understanding a confusing city transit system and being able to keep medical appointments. The city bus service can be unpredictable, especially for people in wheelchairs.

CJN provides rides to cancer screenings and treatment, as well as dental and vision exams through partnership with Cincinnati Area Senior Services (CASS). CASS has a wheelchair-accessible van and provides 95 percent of CJN's rides. For the small percentage of rides that cannot be scheduled with CASS transit, a Navigator arranges a ride through Uber or Lyft, paid for by funds from grants to the Cancer Justice Network.

CJN has a Navigator at CASS who maintains a calendar of rides scheduled each week and the number of rides taken. Patients calling the city phone number are assigned to a CJN Navigator who arranges transportation to the health

care appointment and ensures that another CJN Navigator will accompany the patient on the trip.

CASS provides trust, which is critically important with this population. CASS drivers are respectful and helpful to CJN passengers. Equally important, they offer predictable transportation. The one-call system created by CJN and CASS ensures that riders will be treated well, which increases the chances that patients will keep their medical appointments.

## One-Call/One-Click Center Rises from New Partnerships

In the suburban and rural mix of Larimer County, CO, transportation options were limited and costly in the less-populated areas. Coordination services did not exist, so individuals seeking transportation needed to contact each provider separately to secure a ride. NADTC grantee **North Front Range Metropolitan Planning Organization (MPO)** in Fort Collins, CO, helped to coordinate a wide-ranging partnership. The project ultimately expanded the service of a One-Call/One-Click center to include more partners and a wider geographical area.

Project MILES, the county's inclusive planning project, concluded that Larimer County would benefit from coordinated ride services through a mobility management software system, and that collaborators at all levels were ready to move forward. Via Mobility, which already operated a highly regarded call center and provided rides in one of the county's mountain communities, joined Project MILES on a volunteer basis. Via Mobility offered to expand its service area and call center operation into more of Larimer County. Ride providers, who participated in Project MILES, agreed to coordinate with Via Mobility to use its One-Call/One-Click center through software provided by RouteMatch, another project partner.

Five transportation providers agreed to work together to cover community members' needs. Thanks to these partnerships, 420 rides were delivered between May and September 2019. The project continues and is now expanding to neighboring Weld County.

## Learnings

The grantees interviewed for this best practice were asked to provide insights into key takeaways they gathered through the implementation of their grants. Below are

summaries of the most critical concepts for others seeking to develop or enhance a transportation call center in their communities.

● **Call centers empower riders and help them reach critical destinations.**

- Simply having a central call number is key. It encourages people to get rides who, without that single number, may have felt that the system was too complicated to use.
- Being able to request an on-demand ride through a call center empowers older adults and people with disabilities to arrange the rides they need. It is important to remember that members of the target population may not have smartphones and may not be comfortable using apps or giving a company like Uber their credit card information.
- A transportation call center may also support older adults and people with disabilities to keep medical appointments, gain access to fresh and nutritious food, and engage socially.

● **A One-Call/One-Click system can improve rider choice.** Riders want and need flexibility. A One-Call/One-Click system is transparent, letting the rider review all options and pick the ride that best meets the day’s needs. In some situations, riders are most focused on the cost of the ride. At those times, they may prefer to take the bus to pay less; at other times, riders may be willing to pay more to get where they need to go at a certain time. Health may vary from day to day, especially among older adults and people with disabilities, which can also influence the ride choices they make.

● **A shared call center may also benefit providers.**

Having a shared call center requires ongoing coordination and commitment among multiple providers and stakeholders, which better serves the target population. The experience of North Front Range MPO illustrates this learning:

- The providers feared changing their operations and losing their identity, but as team members began meeting and getting to know one another, they developed trust that they would keep their identity as a provider and that the partners would care for their riders.
- Providers developed a sense of community, appreciating their built-in team of colleagues.

- The call center supported providers’ long-term commitment to working together and continuing to serve older adults and people with disabilities on a regional level. They also learned that while some riders are loyal to a particular provider, many do not care who gives the rides, only that their ride is on time and works well for them.
- The partners recognized the call center’s potential to improve their operations through giving them access to technology that none of them had on their own.
- Providers found that not having to answer phones enabled them to focus on other priorities that could advance their service.

● **A call center may do more than schedule rides.**

- A call center that serves older adults and people with disabilities may need to do more than take care of ride logistics. Providing care and attention to riders can be an important function. For example, when using Uber, INCOG’s I&A specialist monitored the situation until the driver picked up the rider, provided reassurance that their ride was on the way and made an alternative arrangement if, for some reason, the driver failed to show up as expected. This hands-on assistance was a critical element in the program’s success in getting older adults and people with disabilities to their destinations and back home again.
- A call center can also provide a personal touch, making it easier for older adults and people with disabilities to schedule their rides and get connected to other services, as is the case with MEOC. During the COVID-19 pandemic, call center staff can provide a much-needed social connection at a time when in-person interactions are greatly reduced, particularly for older adults.

## Funding

● **Traditional Transportation Funding Sources**

- Federal Transit Administration (FTA) Section 5311 (Rural) and Section 5310 (Seniors and People with Disabilities) funds can be used to develop and manage call centers.
- The North Front Range MPO project leveraged a Colorado Department of Transportation/FTA Section 5304 grant (planning funds), to develop a plan for coordinated dispatch services. This funding lent stability and credibility to the work.

● **Partnerships and Matching Funds**

- Look for a community partner that can do the work and receive Section 5310 funds if your organization cannot.
- Partners can donate staff time for concept development and implementation, plus expertise in grant management and administration.

● **Innovative Funding Ideas**

- Leverage funding from grants, local government, local universities and faith-based organizations, and hospitals or medical centers looking to improve patient outcomes.



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